

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	NUR		09-05-01
O.L.P.E. CLASSIFIER		59	9/13/01
FORMALITY REVIEW	ST	1001	10/16/01
RESPONSE FORMALITY REVIEW			

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INDEX OF CLAIMS

- ✓ ..... Rejected
- ..... Allowed
- (Through numeral)... Canceled
- ⊕ ..... Restricted
- N ..... Non-elected
- I ..... Interference
- A ..... Appeal
- O ..... Objected

Claim	Date
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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